TRAVEL VOUCHER

Name:					Period covered began:								
Address	:				Date: Time:								
	imbursemen					Period covered ended:							
check shoul	ld be mailed						Date:		Time:				
Phone:							In accordance with ARCUS policy 4.2.2, travel expenses						
Purpose	of trip:				claims must be subm	nitted with 30 days of	completion of travel.						
		ollowi	ing exper	ses were	incurred L	by me for ARCUS	S business as des	scribed under "Pi	urpose of trip."				
Signature:													
		Fore	ign Trav	el:Ye	Reimbursement	Charges Billed							
Itinerary	/ :						Claimed	to Corporation					
From:													
To:													
From:													
To:													
From:													
To:													
Private A	Auto:												
Per Dier	n:					1							
				Per diem allowed:									
	Breakf Breakf		Lunch	Dinner	Travel Travel								
	Breakt		Lunch Lunch	Dinner Dinner	Travel		-						
	Breakt		Lunch	Dinner	Travel		<u> </u> 						
	Breakt		Lunch	Dinner	Travel		-						
					Total:								
		Lodg	ging			Total:							
			tal car			Total:							
		Misc	. Expens	es (taxi, bus, e	tc.) – from back	Total:							
		Othe	er (see details	on back)		Total:							
Ref. TA#						Total Expenses	A	В					
Checked	-												
Approve Date:	ea by:					Personal Expenses	C						
Date.						Cash Advance	D						
		Acc	counting										
						Due Traveler	A-C>D		ts:				
									nen				
Due Corp						Due Corporation	A-C <d< td=""><td></td><td>Comr</td></d<>		Comr				
о Т						Reimbursed by other organization	E		Additional Comments:				
						Total cost to corporation	A+B-C-E		Adı				
						<u> </u>		Please co	ontinue on back				

Phone: 907-474-1600, Fax: 907-474-1604, E-mail: arcus@arcus.org

Instructions: Original receipts for transportation, lodging, parking, laundry, and other miscellaneous items must be attached to this voucher. When original receipts are not included, please provide explanation in the space below. All long distance telephone calls must be itemized as business or personal.

Charges to corporation:									
Date	Lodging (Place or city)	Amount	Misc. expenses (Type)	Amount	Other	Amount			
	<u> </u>								
	Total:		Total:		Total:				
			1			1			
	Auto rental ager	ICV	Location			Amount			
	T								
Reimbursa	ble to traveler:								
Date	Lodging (Place or city)	Amount	Misc. expenses (Type)	Amount	Other	Amount			
	ļ								
	<u> </u>								
	<u> </u>								
	Total:		Total:		Total:				
	i Otai.] Total.						
 Date	Auto rental ager	ICV	Location	Amount					
Ехріанацон	of personal or ur	Песетріви вхрат	ses.						